

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 09/601515	FILING DATE
	APPLICANT(S)	

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1				1		51				
2		1				1	52				
3		1				1	53				
4		1				1	54				
5		1				1	55				
6		1				1	56				
7		1				1	57				
8		7				6	58				
9		7				6	59				
10		7				6	60				
11		7				6	61				
12		1				1	62				
13		1				1	63				
14		1				1	64				
15	1				1		65				
16		1				1	66				
17		1				1	67				
18	1				1		68				
19		1				1	69				
20		1				1	70				
21		1				1	71				
22		1				1	72				
23		1				1	73				
24	1				1		74				
25		1				1	75				
26		2				2	76				
27		2				2	77				
28	1				1		78				
29		1				1	79				
30		1				1	80				
31		3				3	81				
32		1				1	82				
33		1				1	83				
34		1				1	84				
35		1				1	85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	58						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				

BEST AVAILABLE COPY